

WALLINGFORD HEALTH DEPARTMENT
45 South Main Street, Wallingford, CT 06492

DATE: _____

FOOD SERVICE ESTABLISHMENT LICENSE APPLICATION
READ CAREFULLY/PLEASE COMPLETE ALL SECTIONS

Name of Establishment:	Name of Licensee/Operator:
Address of Establishment:	Name of Owner:
Mailing Address:	Home Address:
Business Phone #:	Home/Cell Phone #:
Fax #:	E-Mail:
Indicate type of service: Public water _____ Private Well (2.) _____ Public sewers _____ Septic System (3.) _____	
(1.) Name of QFO: <div style="text-align: right;">(Copy of Certificate Required with This Application)</div>	
(1.) Name of Designated Alternate:	

1. Qualified Food Operator and designated alternate required for all Class 3's and 4's. Initial and annual in-house training of all food handlers must be documented, maintained, and made available for review by inspector upon request.
2. Bacteria, pH, color, odor, and turbidity water analysis required annually, copy of report must be attached.
3. Septic systems must be pumped on a regular basis, but no less than once every two years. Copy of current pump out (within 2 years) must be attached.
4. Menu must be submitted. Menus must include the following statement: "Thoroughly cooking meats, poultry, seafood, shellfish, or eggs reduces the risk of foodborne illness."

Annual License Fee is Determined by Class of Establishment, Under Food Ordinance, Chapter 122

- | | | |
|--------------------------|------------------|----------|
| <input type="checkbox"/> | Class I _____ | \$ 25.00 |
| <input type="checkbox"/> | Class II _____ | \$ 50.00 |
| <input type="checkbox"/> | Class III _____ | \$ 75.00 |
| <input type="checkbox"/> | Class IV _____ | \$100.00 |
| <input type="checkbox"/> | Non-Profit _____ | No Fee |

I HEREBY certify that I am the owner/operator of the subject food service establishment. **I understand that the food service license is not transferable.** I further understand that future renovations must be reviewed and approved by the Health Department prior to the start of any construction. The food service license expires June 30 and must be renewed annually

Sign Here _____ (Print Name) _____

Corporation members: _____

***If corporation, include name of officer/title.**

FOR OFFICE USE ONLY

Date License Issued _____

Class of Establishment _____

Amount/Date Fee Paid _____

License no. _____

If this application represents a new restaurant or change of ownership for a food establishment classified as a Class 3 or Class 4, a memorandum will be forwarded to the Sewer Department for their files. You may be subject to inspection by their department for a proper grease trap.

Class I is a food service establishment with commercially prepackaged foods and/or hot or cold beverages only. No preparation, cooking or hot holding of potentially hazardous foods is included; except that commercially packages pre-cooked foods may be heated and served in the original package within four hours.

Class II is a food service establishment using cold or ready-to-eat commercially processed food requiring no further heat treatment and/or hot or cold beverages. No cooking, heating or hot holding of potentially hazardous foods is included, except that commercially packaged pre-cooked foods may be heated and served in the original package within four hours, and commercially precooked hot dogs, kielbasa and soup may be heated if transferred directly out of the original package and served within four hours.

Class III is a food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and consumed by the public within four hours of preparation.

Class IV is a food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and held for more than four hours prior to consumption by the public.

Signoff from departments ONLY If indicated

Departments	Signature & Date
Planning & Zoning *Obtain Planning & Zoning signature prior to other department signatures.	
Building Department	
Water and Sewer Department	
Fire Marshall Office	